GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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Engineer [redacted]

Gas Safe [redacted]

Engie Office Address
DoS Accommodation
14 Eyre Avenue
Sheffield S10 3EA

Contract Number DoS
Customer Name EGIE
Site Address Endcliffe Village
Ramshaw, Sheffield
Postcode S10 2LL
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

Enter Company Registration Number

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	NEW	RAMSHAW	BOILER	IDEAL LOGIC PRO65	190932072891O	BROAC	RS
2	YES	NEW	RAMSHAW	BOILER	IDEAL LOGIC PRO65	190932072845O	BROAC	RS
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	YES	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas Installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas Installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation

Low level free area cm² ~~or ventilation flow rate m³/h~~	Actual 4709	Required (Calculated) 1005	
High level free area cm² ~~or ventilation flow rate extract m³/h~~	Actual 4704	Required (Calculated) 1005	
All ventilation grills clear and unobstructed (Yes/No) YES	Fans and/or flue interlocks operating correctly (Yes/No/NA) NA		

Details of any faults	Remedial Action Taken	Comments and calculations
—	—	
—	—	
—	—	

Appliance Checks	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	110	110	115	115
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	65	65	65	65

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	NA	NA	NA	NA
Gas burner pressure (mbar) or heat input kW/h measured	NA	NA	NA	NA
Gas rating measured (kW/h / NA)	NA	NA	NA	NA
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	46	41	47	40
Oxygen (O_2 %)	3.8	4.8	4.0	4.8
Carbon Monoxide (CO)(ppm)	68	25	60	20

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Carbon Dioxide (CO_2) (%)	9.2	9.0	9.2	9.0
Excess Air (%)	22	26	22	25
CO/CO_2 Ratio	0.000	0.000	0.000	0.000
Gross Efficiency (%)	99	100	98	101
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	23	23	23	23
Working pressure (mbar)	18	21	18	21
Is appliance safe for use (Yes/No)	YES	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NA			
Test Instrument	KANE 450			
Test Instrument serial number	18371312			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date 10/5/19

Signature [redacted]

Distribution: White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer